

Group Treatment of Depression and Withdrawal at a Day-Treatment Center

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Accepted for publication: December 15, 1982

This article presents a group treatment for depression and withdrawal for a day-treatment population. Patients chose potentially pleasurable activities to engage in outside the center each week. Multiple imagery trials and group sharing were used to evoke and amplify pleasurable emotional responses. The procedure is presented in detail. Patients responded with a 64% performance of new pleasurable activities and with an improved mood within the sessions.

KEY WORDS: group treatment; depression; withdrawal; day treatment.

INTRODUCTION

For many depressed and withdrawn chronic patients in a day-treatment setting, a problem is the lack of rewarding and pleasurable activities in their daily routine. The programming of a day-treatment center is meant to address this need, since patients are scheduled into group meetings and "free-time" socialization sessions in order to increase contact with others and to provide pleasurable ways to spend time. Though successful in many ways in achieving its goals (Meltzoff and Blumenthal, 1966; Meier, 1981), two problems remain with this approach. One is that patients' moods may remain depressed because the activities and social contacts may not be experienced as pleasurable. The second is that there may be little generalization to patients' everyday lives, in that their activity levels on the outside may remain low.

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Positive anticipation training in groups is a cognitive therapy meant to address these deficiencies. Before describing this procedure and its effects, some theoretical background in the behavioral treatment of depression is in order. Though a number of conceptual approaches have been taken to develop treatment strategies for depression (Beck *et al.*, 1979; Fuchs and Rehm, 1977; Wolpe, 1969), one that is particularly applicable to a chronic patient population is a cognitive therapy developed by Anton *et al.* (1975) within Lewinsohn's (1975) social learning approach. Lewinsohn aims for an increased activity level in order to restore a healthy degree of reinforcement (particularly social reinforcement). This is because he views depression as a disorder of low reinforcement. He induces patients to develop and follow activity schedules using an instrument such as the Pleasant Events Schedule (MacPhillamy and Lewinsohn, 1971).

Working within this framework, Anton and colleagues developed a means of using imagery to increase the likelihood that patients would follow their activity schedules. Their emphasis was on a cognitive concomitant of scheduling a pleasurable activity, namely, the anticipatory pleasurable thoughts pertaining to the activity. They had patients practice looking forward to their enjoyable activity by (1) imagining the experience itself in detail and (2) focusing on the pleasurable internal responses associated with the activity as they subvocalized three "I will enjoy . . ." statements, each of which pertained to some aspect of the planned activity. These could include the feelings of companionship, the pleasant sights and sounds, and so forth. The therapists' aim with this intervention was to address a cognitive component of depression, namely, negative anticipations. These are internal statements, accompanied by depressive emotional responses, such as "I have nothing to look forward to," "I live life from day to day," and "My future looks bleak." (These thoughts are one third of Beck's depressive triad.) This approach demonstrated success both in inducing patients to engage in more activities and in raising mood and affect states as measured by the MMPI and the Depressive Adjective Checklist.

Anton and colleagues worked with individual clients. In a day-treatment center, most work is done in groups, and thus an adaptation of anticipation training was attempted at this center for a group of depressed and withdrawn patients with diagnoses of schizophrenia and depression. The immediate obstacle to this was an issue of idiosyncrasy: there was wide individual variation in activities that were experienced as pleasurable by the various group members. The first attempt to resolve this was to find "universal" activities that all members could enjoy, even if these were not the first choices of each member. This was partially successful. Members reviewed the Pleasant Events Schedule and the Reinforcement Survey Schedule (Cautela and Kastenbaum, 1967) and chose a few activities such as doing something helpful for another and watching a football game. All group members practiced imagery, and most reported pleasurable feelings. But there was little carryover to the outside in terms of performance.

Group procedure was then revised. Each member chose a pleasurable activity of his own and shared it with the group before engaging in imagery. A beneficial group process resulted. Members offered each other encouragement and pointed out additional pleasurable aspects of the activities others presented. Spontaneous feelings of enjoyment were shared. Modeling also occurred around the choice of an activity. For example, one member, who had not been observed to smile for the year he was known to the leader, began laughing to himself as another member described the ice acrobatics show he was planning to attend; he spoke of the skillful skating, the dancing, the colors, the popcorn, and the crowd's excitement and cheers. The former member then went to the show himself.

The new procedure stimulated much positive feeling and group sharing. "Mood indices" (described below) rose consistently. Attendance was consistent, and group membership was stable, even growing slightly over the year and a half of the group's life.

GROUP PROCEDURE

There was a standard format for meetings. Members were permitted to speak only of positive activities and feelings. They began with reports of global "mood indices," on a 100-point scale: 0 was most depressed; 100, most cheerful and exuberant. They then reported on the performance of the preceding week's planned activity, along with pleasurable feelings that may have accompanied it. Praise was offered by the leader and other members for successful performance.

Then members developed plans for the following week. Prompting with suggestions occurred if needed; these included taking a walk, going shopping or to a museum, watching TV, seeing a movie or sports event, listening to music, reading a book, or going out to eat; or social activities such as calling or visiting a friend, going to a party, making a date, or seeing family. It was found that in over 95% of cases, clients were able to plan a new activity with little hesitation. It was usually required that a new activity be developed within the session, rather than that a member utilize an activity that he was already planning to engage in before the group session. (This was done in order to increase the overall activity level).

After presenting the activity, the member was required to give at least two reasons he would probably enjoy it. Other members, as implied above, were encouraged to supply additional reasons. The leader generally sustained discussion of each activity until nonverbal pleasure responses occurred, including a smile, an animated facial expression or voice quality, a higher voice volume, a more erect body posture, and increased eye contact. Such responses occurred over 90% of the time.

Imagery practice followed. Members closed their eyes and were told to imagine that they were really experiencing the activity, to pay special attention to their pleasurable thoughts and feelings. Verbal cues were used by the leader. "Think of what you see. Hear the sounds, the people talking . . . Feel your clothing, feel your breathing . . . Notice the smells and fragrances . . . Think of what you will *enjoy* and *feel good* about. Tell yourself, 'I will enjoy this because ———,' then give your reasons. Repeat them to yourself . . . Think of the feeling of aliveness . . . or excitement . . . or companionship . . . or satisfaction . . . or pride . . . or relaxation . . . Keep thinking of the experience as if you were really there. If any other thoughts come into you mind, let them pass through. Keep telling yourself what you will enjoy." The imagery was then left to members' self-control for about 90 sec. They then shared their experiences, including the degree of realness and vividness and the extent of pleasurable thoughts and feelings. There was little difficulty in the majority of trials (over 60%) in producing realistic imagery and pleasurable thoughts and feelings.

After discussion, additional imagery trials (and discussion) occupied the remainder of the session, with revised or additional cueing by the leader if indicated. Mood indices were obtained in closing.

RESULTS

The Beck Depression Inventory was given on two occasions, but the sample size was too small for statistical treatment.

Over a 1-year period 170 activities were planned. For 119 on which data were available (absences rendered data incomplete), 76, or 64%, were carried out, according to self-reports.

Examples of activities performed included the following:

- taking a woman on a Sunday-afternoon date,
- going to the movies,
- spending an afternoon in Harvard Square,
- doing a new painting,
- visiting a relative,
- watching the Johnny Carson show,
- going to a new doughnut shop,
- taking nephews on a Swan Boat ride,
- walking around downtown markets,
- going to an amusement park,
- window shopping at a new mall,
- staying overnight at a friend's house,
- playing with puppets, and
- going to the beach with Mother.

Regarding mood indices, members reported initial values ranging from 100 (the most positive) down to 20. In over 90% of the cases, the index rose (or remained at 100) at the end of the meeting, usually by 20–25 points. Less than 5% of the time did the index decrease. (A sample of five other group meetings at the day-treatment center, involving 65 patients, yielded a mean pre-to postmeeting change of +5.)

DISCUSSION

The results indicate that this kind of group intervention was influential in stimulating chronic patients with problems of depression and withdrawal into new activities that were experienced as pleasurable. This was surprising in several respects. Traditionally, it has usually been assumed that depressed individuals are relatively incapable of carrying out pleasurable activities; with this cognitive group treatment, it became routine to accomplish this. Even the elicitation of pleasure response and thought imagery has generally been assumed to be a difficult undertaking, but did not prove so here.

The elevations of global mood reported consistently after sessions suggest some internal generalization of response beyond those specific pleasurable thoughts and feelings generated by the activity being imagined. It is such generalization to overall mood state that is desirable in the treatment of depressed individuals.

In addition, it is noteworthy that these effects could be achieved within a group (vs. individual) format, since group treatment is the modality most frequently available to chronically dysfunctional clients.

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